FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAG	 • E		FORM	
COMMITTEE NAME ENTON COUNTY DE SINCE LA STRATE		HIICS A	DR-2 ((Rev. 07/2003)	DISCLOSURE REPORT
IMPORTANT: Indicate type of committee you are reporting for:	2008 JUL 2	- I AM	For Office Use C	9010
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City (8)Support State of Candidates	(4)County/Local Candidate Central Committee		Scanned Computer	
CANDIDATE COMMITTEES ONLY:			Audited	
Candidate Name	Political Party			·
Office Sought	District (if Senate or House)	v.	
SIGNATURE OF TREASURER (or person filing this report)	319-448-8 TELEPHONE	 16H0	7	17, 2008 Igned
Late filed reports are subject to	possible civil and cri	minal	penalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SENTENC	Σ:		
- / /	REPORT FOR AN/A (1) EL			TION YEAR.
☐CHECK IF AMENDMENT TO REPORT DATED		Local Co	ommittees, enter D	ate of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Disso			& Local Committee lection is held	s, enter County in
STATEMENT O	OF CASH ON HAND	· · · · · · · · · · · · · · · · · · ·		
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is first	is the total of all monies hel-	1	2750	24
ADD TOTAL MONEY TAKEN IN THIS PERIOD			·	,
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)	248	3,62
Schedule F: Loans Received total (Attach Schedule F).				
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)		 	
(Schedule H applies to Candidates' Committee				
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**a	SUB-TOT.	AL\$	3004	, 86
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B) (**a	also see debts and loans be	low)	54	.00
Schedule F: Loan Repayments total (Attach Schedule F	·)	•••••		
CASH ON HAND at the end of this reporting period (if final report	, balance must		100	0/
be zero) (Attach DR-3)		\$	<u> </u>	0.06
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		
*IN XIND CONTRIBUTIONS (From Schedule E - Attach Schedule				
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F				
CANDIDATE COMMITTEES ONLY:			-	
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES	NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H)	\$		

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on B∈N . ∪ IN COUNTY DEIVIC	Statement of Organization) BENTON COUNTY DEMOCRATE
	•

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND- RAISEI INCOM
	ID#			·	HACCIVI
5/20/08	CK#	Pres the Unt		1/2,00	
~,~,	ID#	The file		11000	
5/20/08 6/11/08	СК#	Pass the Hat		136.41	
* 1 / * * *	ID#	7 0000 20 7/00		136.7/	
6/25/08	CK#	May/June interest		0.21	
7	ID#	0//		UTON	
	CK#		Make the e	g mara di salah	
	ID#				
	CK#	• • • • • • • • • • • • • • • • • • • •			
	ID#				
	CK#		·		
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLLIMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) BENTON COUNTY DEMOCRATE NAME AND ADDRESS TO WHOM CANDIDATE PURPOSE AMOUNT DATE ID NUMBER EXPENDITURE (DESCRIBE TRANSACTION) EXPENDED EXPENDED (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# CX# ID# CK# D# CX# ID# CK# ID# CK# ID# CK# ID# CK#

SUB-TOTAL \$
TOTAL (If test page of this schedule) \$ 54.00

HIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

ID#

CK#

ruchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. . (Refer to Schedule H instructions.)

expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on checkule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to checkule G instructions and lowe Code 56.8(3)(i).)

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